In use, suction stylet extension **34** is inserted within the interior of endotracheal tube **60** and suction stylet **20** is connected with endotracheal tube connector member **32**. The suction stylet is adjusted to be in the correct position with respect to an endotracheal tube. The correct positioning can be achieved with or without the assistance of marking indicia or molded protrusions. Although various other connection means can also be relied upon, the one illustrated in the drawings represents a preferred embodiment as it is one that can readily be used with existing endotracheal tubes and in some instances it is desirable to allow for rotation of the stylet with respect to the tube while these two are connected.

Once appropriately combined, the combination is positioned for initial intubation. Suction stylet **20** is constructed in such a way that blockage of the vent port with the operator's index finger causes the suction stylet to act as a suction stylet device at the tip **38**. This acts to clear the oral larynx and/or trachea of liquid and debris so as to facilitate endotracheal intubation. In addition, the positioning of the hand with respect to the main body **22** of the suction stylet and the positioning of the fingers in the pinched grasp position discussed above is such that the operator has a relatively clear field of vision for the intubation procedure.

Moreover, by taking off and reinserting the finger over the finger vent port, the operator is able to control the timing of suction at the tip of the hollow stylet. Thus, with the operator's index finger occluding the vent port, medical suction is transmitted to the tip of the hollow suction stylet extension allowing it to act as a tonsil suction device while avoiding contamination of the lumen of the endotracheal tube. When the operator's finger is off the vent port, the medical suction has a low resistance path through the vent arm and vent port to the atmosphere, thus allowing the suction stylet to act as a simple stylet and to be safely placed and moved within the trachea with controllable suction.

Although the present invention has been described with reference to the preferred embodiments, the invention is not limited to the details thereof. Various substitutions and modifications will occur to those of ordinary skill in the art and also substitutions and modifications are intended to fall within the spirit and scope of the invention as defined in the appended claims.

What is claimed is:

1. A suction styler, comprising:

a main body having a first end, a second end and an internal passageway extending in a direction between said first and second ends, said main body comprising a suction fitting with an opening that opens into the internal passageway and is adapted for connection with a suction source, and said main body further comprising a connector member which is adapted for connection with an endotracheal tube;

a suction stylet extension extending off of said main body and adapted for insertion into an endotracheal tube, said suction stylet extension having an internal conduit which opens out at a free end of said suction styler extension and, at an opposite end of said suction stylet extension, is in fluid communication with the internal passageway in said main body;

a vent arm extending off from said main body, said vent arm having a first end connected with said main body and a second end spaced from said first end, said vent arm further including a vent passageway which extends in a direction between said first and second ends of said vent arm and opens into the internal passageway of said main body, and said vent arm further including a vent port which opens into said vent passageway.

2. The suction stylet of claim **1** wherein said suction fitting is provided at the first end of said main body and said suction stylet extension extends from the second end of said main body, and said main body having a downward bend which positions the first end of said main body at a lower position relative to said second end when said vent arm is in a top position.

3. The suction styler of claim **2** wherein said main body includes a side bend which positions the first end of said main body further away from a center line of said connector member than the second end of said main body.

4. The suction stylet of claim **3** wherein said downward bend and said side bend each form an angle of about 30° to 45°.

5. The suction styler of claim **1** wherein said main body includes a side bend which positions the first end of said main body further away from a center line of said connector member than the second end of the main body from which the suction styler extension extends.

6. The suction stylet of claim **5** wherein said side bend forms an angle of about 30° to 45°.

7. The suction stylet of claim **1** wherein the vent passageway of said vent arm extends away from said internal passageway at an acute angle, and in a direction opposite to an intended flow of fluid in said internal passageway.

8. The suction styler of claim **1** wherein said vent arm has a curved base and an outer section that extends essential parallel with said suction stylet and said vent arm is dimensioned such that the vent port is positioned at the second end of said vent arm and is closeable by a finger of an operator of said suction styler with such finger being of a same hand used for grasping, with other fingers of that same hand, said main body.

9. The suction stylet of claim **1** wherein the vent passageway extends away from the first end of said main body and towards the free end of said suction stylet extension, and the vent port is positioned at the second end of said vent arm and is dimensioned so as to be closeable by a finger of an operator of said suction styler with such a finger being of a same hand used for grasping said main body with other fingers of that same hand.

10. The suction styler of claim **1** wherein said connector member includes a cylindrical extension having a free end that is adapted to frictionally retain an end of an endotracheal tube, and said suction stylet extension having a cross-sectional circumference which is less than that of the free end of said cylindrical extension such that said suction stylet is free to extend internally within a conduit in such an endotracheal tube when said cylindrical extension is engaged with such an endotracheal tube, and said suction stylet has an exterior diameter along its length which is dimensioned to be essentially the same as an internal diameter of such an endotracheal tube such that a sliding friction fit relationship is achieved.

11. The suction styler of claim **1** wherein said suction stylet extension is dimensioned so as to extend essentially to an open end of an endotracheal tube once said suction stylet is inserted in the endotracheal tube, and includes an open distal end and an additional side port adjacent the distal opening, and said side port being positioned so as to correspond with an endotracheal tube side port when positioned over said suction styler.

12. The suction stylet as recited in claim **11** wherein said suction stylet extension is dimensioned and arranged such that, when operationally positioned within an endotracheal tube, said extension has a free end that is within such an endotracheal tube and spaced 1 to 5 mm from an adjacent open end of such an endotracheal tube.